



COUNTY OF LOS ANGELES  
**Public Health**

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September 5, 2006

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF A PILOT COMPREHENSIVE DRUG OVERDOSE PREVENTION PILOT  
PROGRAM IN LOS ANGELES COUNTY AND RELATED LEGISLATIVE POLICY  
(All Districts) (3 Votes)**

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Instruct the Acting Director of Public Health to take all necessary actions to prepare and file agreements for Board approval to undertake a pilot drug overdose prevention and Naloxone distribution project in Los Angeles County.
2. Instruct the County's legislative advocates to seek state legislation that would limit the civil and criminal liability involved in prescribing and distributing Naloxone for all parties involved in any expansion of the pilot program.

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION:**

Approval of the recommended actions will instruct the County Health Officer to take all necessary actions, including conducting a competitive process to identify qualified community agencies to participate in a comprehensive drug overdose prevention and Naloxone distribution pilot program in Los Angeles County, and will instruct the County's legislative advocates to support the development of state legislation designed to limit the liability for all parties involved in prescribing and distributing Naloxone through a comprehensive drug overdose prevention program. The Department will return to the Board with proposed agreements.

Under the pilot program, the County will fund community-based agencies which are providing needle exchange and/or drug treatment programs targeting opiate users, to incorporate distribution of Naloxone into the variety of services they offer to their clients. Agency staff will provide on-site training to clients about preventing narcotics overdose, administration of Naloxone, and assistance with rescue breathing. Naloxone will be distributed in pre-prepared syringes under the direction of agency physicians. Program clients will also receive information about treatment services and other resources from agency staff. The agencies will also assist the Department in evaluating the effectiveness of the pilot program. No County staff will be involved in direct client care or distribution of the Naloxone.

#### **FISCAL IMPACT/FINANCING:**

The total costs for the 12-month pilot program will be no more than \$100,000, which the Department will fund from existing Department resources in the adopted FY 2006-07 budget.

#### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Overdose prevention programs have been established in New York, San Francisco, Chicago, and New Mexico. In New York, New Mexico, and Connecticut legislation was enacted to address the issue of health care provider and third party liability. This legislation provides specific immunities to health care providers and third persons who are involved in the distribution and/or injection of the Naloxone. In California, no legislation exists which would immunize health care professionals and third parties who are involved in the distribution and/or injection of Naloxone. However, both San Francisco and Humboldt County have established Naloxone distribution programs despite the lack of liability protection and to date there have been no reported problems associated with their programs.

On January 18, 2006, you were advised that Public Health was exploring the options for creating a narcotics overdose program within the County and the Narcotics and Dangerous Drugs Commission (NDDC) was asked to provide a recommendation.

The NDDC established a special ad-hoc committee to review this issue. The final statement adopted by the NDDC supports the development of a plan for Narcan [Naloxone] distribution as a strategy to reduce drug overdose deaths. Along with the recommendation to develop a plan for Naloxone distribution, the NDDC also recommended that the following should be taken into consideration when developing this plan:

1. To implement a pilot program prior to broad distribution.
2. Consider utilizing needle exchange programs and detoxification facilities for training and distribution.
3. The program should include training in related topics such as rescue breathing, "don't fix alone," and the symptoms of opiate overdose.
4. Evaluate liability issues.

The Department proposes to conduct an expedited competitive process to identify community-based agencies that are interested in participating in a drug overdose prevention and Naloxone distribution pilot project. We propose to issue a Request for Qualifications to determine the number of agencies that meet the minimum qualifications necessary to be a service provider. Depending upon the number of qualified agencies responding, the Department will then either release a Request for Concept Papers (RFCP) or propose agreements based on the RFQ alone. Agencies will have to demonstrate that they are already serving opiate-using clients at risk of overdose, so that the pilot program could be added with minimal additional funding.



Under this program, the County will fund the agencies to develop and distribute information on drug overdose prevention, to train clients in Naloxone administration, and to distribute pre-prepared syringes of Naloxone to clients. We project that up to four agencies could be funded. Funding will be utilized by the agencies to cover the cost of purchasing the Naloxone and other supplies that would be distributed to the pilot program participants and for personnel costs associated with the pilot project. Department staff will be involved in reviewing and approving the training curricula that the agencies will use with their clients as well as the agencies' evaluation plans. No County staff will be involved in the prescription or distribution of Naloxone or any other direct client interaction associated with this project. Finally, the agencies will assist the Department in evaluating the effectiveness of the program.

Additional information on the proposed program is attached.

We are recommending that your Board seek legislation which prospectively will protect all parties involved in a Naloxone distribution program from civil and criminal liability. The Department intends with your Board's approval of this recommendation, to develop and fund the pilot program simultaneously with seeking the proposed legislation so that the program can be expanded in the future. However, the Department does not recommend waiting on the creation of a pilot distribution program pending the enactment of this legislation.

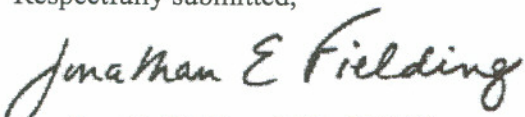
#### **CONTRACTING PROCESS**

After reviewing the submissions received from the RFQ process, the Department will then either develop and release a Request for Concept Papers (RFCP) or propose agreements based on the RFQ.

#### **IMPACT ON CURRENT SERVICES (OR PROJECT)**

Implementation of the pilot program has the potential to reduce deaths from opiate overdoses in the County.

Respectfully submitted,



Jonathan E. Fielding, M.D., M.P.H.  
Acting Director and Health Officer

JEF:es

Attachment

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors  
Chair, Narcotics and Dangerous Drugs Commission

# **Report On Proposed Comprehensive Drug Overdose Prevention (With Naloxone Distribution) Pilot Programs September 5, 2006**

This report provides supplemental information regarding the recommendation made to the Board of Supervisors by the County Health Officer to undertake a pilot drug overdose prevention and Naloxone distribution project.

## **Background – Scope of the Problem**

Since 1993, drug overdose has been one of the primary causes of premature death, causing almost 20,000 years of life lost in both 2002 and 2003. Drug overdose causes more premature deaths in Los Angeles County than stroke, HIV, or diabetes. More than 1800 people died in Los Angeles County between 2002 and 2003 from drug overdose, and almost a third of them were less than 40 years old. Preliminary analyses of the 2003 mortality data show that over 920 people died in Los Angeles County from drug overdose. The 900+ annual fatal overdoses for the County in 2002 and 2003 were the highest death rates for drug overdose that the County had seen in the previous 10 years.

Drug overdose is an issue that cuts across racial and geographic boundaries. In 2002, five of eight Service Planning Areas (SPAs) saw more than 100 of their residents die from drug overdoses. Drug overdoses killed more white men and women aged 25 – 44 in 2002 and 2003 than any other cause of death. Drug overdose was one of the top two leading causes of age-adjusted death for the County's female Hispanic population from 1993 through 2003. Data from 2002 also indicate that black men aged 50 – 59 years are at the highest risk of death from a drug overdose than any other group in the County and are four times more likely to die of a drug overdose than white men their age. It is important to note that these statistics likely underreport the true impact of drug overdose on our community.

Each year during the five year period of 1999 to 2003, 25% - 38% of all accidental drug overdoses in Los Angeles County were caused by heroin and other opiates. In 2003, the most recent year for which we have data available, opiates (including heroin) caused 25% of all accidental drug overdoses, more than both cocaine (23%) and methamphetamines (less than 10%).<sup>1</sup>

The 900+ annual fatal drug overdoses the County witnessed in 2002 and 2003 are only a small indicator of the number of non-fatal drug overdoses that occurred in Los Angeles during this time period. Based upon current scientific literature, it can be estimated that

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<sup>1</sup> In 2003, 43% (N= 397) of all accidental drug overdoses in Los Angeles County were attributed to "Other and unspecific drugs, medicaments, and biological substances." It should be noted that this can include a wide variety of drugs, but it does not include the most popularly used illegal drugs such as heroin, cocaine, and methamphetamine. It should also be noted that one person can be included in more than one category. For example, if a person overdoses due to a mixture of cocaine and heroin, then they would be counted in both categories.



1999 to 2003, we can estimate that there were 22,450 non-fatal heroin overdoses in Los Angeles County. Research shows that non-fatal opiate overdoses often cause a wide variety of health problems, including accidental injuries, chest infections, pain, and temporary paralysis. From 1997 to 2002, the 6 DHS hospitals admitted 232 patients for opiate overdose treatment, providing a total of \$3.7 million in care (average cost of \$16,065 per hospitalization). This is only a small fraction of the 1756 total number of opiate overdose hospitalizations that occurred during this 5-year period throughout the County. Furthermore, these statistics also do not offer us a measure of the great burden that opiate overdoses place upon our County's Emergency Rooms (where many opiate overdose victims are stabilized but not admitted to the hospital).

### **Preventing Overdose Deaths**

When a person overdoses on opiates (heroin, morphine, methadone, oxycontin, etc.), he/she is rendered unconscious and is in danger of dying because the opiates slow down, and eventually stop, the person's breathing. Naloxone (also known as Narcan), is an opioid antagonist that has been used by medical professionals for decades to reverse the deadly effects of an opiate overdose. Naloxone is a non-addictive and inexpensive medication (less than \$2 per dose) that counteracts the effects of opiates, allowing the victim's breathing to return to normal. Naloxone, available by prescription, only works if a person has opiates in their system; the medication has no effect if opiates are absent. The 230 fatal opiate overdoses in Los Angeles County in 2003 and the 277 fatal opiate overdoses in 2002 would have been appropriate cases for Naloxone administration. Currently, the 29 EMS Provider Agencies operating in Los Angeles County (including LA County Fire Department and LA City Fire Department paramedics) administer Naloxone over 1,000 times a year to people who they suspect have overdosed on opiates. However, studies indicate that many victims of opiate overdoses never receive proper medical attention because their friends and other witnesses (who are often drug users themselves) do not call 911, fearing police involvement. While not all opiate overdoses are fatal, the provision of Naloxone to those who would otherwise not receive it could save hundreds of lives each year. Additionally, administration of Narcan may also help to reduce some of the injuries and other morbidities associated with non-fatal overdoses.

### **Opiate Overdose Intervention Programs**

Recognizing that many fatal opiate drug overdoses are preventable, a number of communities throughout the country have established overdose prevention projects in the past few years. These programs teach intravenous drug users (IDUs) how they can avoid fatal overdoses and save the life of someone who is overdosing. The programs also train their clients to provide rescue breathing to someone who is overdosing and how to access drug treatment services when they want to get sober.



In addition, many of these programs also distribute Naloxone in pre-filled syringes to IDUs, so they can administer the medication to people who are suffering from an overdose. Efforts to evaluate the efficacy of these overdose prevention programs are still in the early stages. However, preliminary results from some programs show that program clients have helped many to survive the suppressive effect of opiate overdose long enough to receive proper medical care. Since San Francisco's program was formalized in November 2004, they have trained approximately 1,000 people, distributed 2,150 syringes of Naloxone, and have received reports of 200 overdose reversals. Since New York City's program was formalized in March 2005, 1705 clients have been trained and 126 reversals have been reported through June 30 of 2006. There have been no reports of adverse side effects caused by the administration of Naloxone in any of the Naloxone distribution programs in the U.S.

A related question is whether the distribution of Naloxone among IDUs is likely to cause people to use more drugs because it removes one of the greatest barriers to drug use, the threat of fatal overdoses. A follow-up study conducted with program participants in San Francisco demonstrated that participants' heroin usage dropped significantly after they completed the program. In addition, anecdotal evidence suggests that these programs have also been successful in getting more clients into drug treatment programs.

### **Establishing a Pilot Project in Los Angeles**

Based on our review and the unanimous vote by the Narcotics and Dangerous Drug Commission to establish a comprehensive overdose prevention and pilot Naloxone distribution program, we are requesting that you instruct the Department to take all necessary actions to prepare and file agreements for Board approval to undertake a pilot drug overdose prevention and Naloxone distribution project.

The Department proposes to conduct an expedited competitive process to identify community-based agencies that are interested in participating in a drug overdose prevention and Naloxone distribution pilot project. We propose to issue a Request for Qualifications to determine the number of agencies that meet the minimum qualifications necessary to be a service provider. Depending upon the number of qualified agencies responding, the Department will then either release a Request for Concept Papers (RFCP) or propose agreements based on the RFQ alone. Agencies will have to demonstrate that they are already serving opiate-using clients at risk of overdose, so that the pilot program could be added with minimal additional funding.

Under this program, the County will fund the agencies to develop and distribute information on drug overdose prevention, to train clients in Naloxone administration, and to distribute pre-prepared syringes of Naloxone to clients. We project that up to four agencies could be funded. Funding will be utilized by the agencies to cover the cost of purchasing the Naloxone and other supplies that would be distributed to the pilot program participants and for personnel costs associated with the pilot project. Department staff will be involved in reviewing and approving the training curricula that the agencies will use with their clients as well as the agencies' evaluation plans. No County staff will be involved in the prescription or distribution of Naloxone or any other direct client interaction associated with this project. Finally, the agencies will assist the Department in evaluating the effectiveness of the program.





County of Los Angeles  
Narcotics and Dangerous Drugs Commission

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TO: Jonathan E. Fielding, M.D., M.P.H.  
Director of Public Health and Health Officer

FROM: Rudolph A. Diaz, Chairman  
Narcotics and Dangerous Drugs Commission

SUBJECT: NARCOTICS AND DANGEROUS DRUGS COMMISSION  
RECOMMENDATION ON NARCAN (NALOXONE)  
DISTRIBUTION

This is to provide you with the Narcotics and Dangerous Drugs Commission (NDDC) recommendation on the nature and extent of drug overdose deaths in Los Angeles County and possible Public Health responses, such as Narcan distribution.

The NDDC supports the Department of Health Services, Public Health in developing a plan for Narcan distribution as a strategy to reduce drug overdose deaths. The following topics should be taken into consideration when developing this plan:

1. To implement a pilot program prior to broad distribution;
2. Consider utilizing needle exchange programs and detoxification facilities for training and distribution;
3. To promote knowledge and awareness of Narcan's use in the prevention of overdose deaths to the community including law enforcement, outreach workers, and addiction treatment programs;
4. The program should include training in related topics such as rescue breathing, "don't fix alone," and the symptoms of opiate overdose;
5. Funding should not reduce other addiction services;
6. Evaluate liability issues; and
7. In the future, to consider including Narcan training in conjunction with "one stop" services for the homeless.
8. Include at least one NDDC member in the process for developing a Narcan distribution plan for Board of Supervisors consideration; and
9. Keep the NDDC updated as Public Health develops its Narcan distribution plan.